



Pediatric Mental Health Care Access Program – An Overview

AYA BH CoIIN Bi-Monthly Learning Session

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Vision: Healthy Communities, Healthy People



Pediatric Mental Health Care Access Program (PMHCA)

Purpose

- Promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs.
- Provide training and education on the use of evidence-based, culturally and linguistically appropriate telehealth protocols to support the treatment of children and adolescents with behavioral disorders.
- Support telehealth consultation with a pediatric behavioral health clinician on the team and referral to a local pediatric behavioral health provider, to the extent possible.
- Serve as a resource for pediatric primary care providers serving children and adolescents, including, but not limited to, pediatricians, family physicians, nurse practitioners, physician assistants, psychiatrists, mental health professionals, and care coordinators.



PMHCA Funding Overview

- 5 year grants
- \$445,000/year
- Require 20% matching funds
- 45 awards through 3 funding cohorts
 - 18 awards - 9/2018-9/2023
 - 3 awards – 7/2019-7/2023
 - 24 awards – 9/2021-9/2026



Pediatric Mental Health Care Access Program Awardees (2018, 2019)

Alabama Department of Mental Health	Montana Department of Public Health and Human Services
Alaska Department of Health and Social Services	Nebraska Department of Health and Human Services
Colorado Department of Public Health and Environment	Nevada Division of Child and Family Services
Delaware Department of Services for Children, Youth, and Families	New Hampshire Department of Health and Human Services
Iowa Department of Public Health	New Jersey Department of Health
Kansas Department of Health and Environment	North Carolina Department of Health and Human Services
Maine Department of Health and Human Services	North Dakota Department of Health
Maryland Department of Health, Behavioral Health Administration	Rhode Island Department of Health
Michigan Department of Health and Human Services	Virginia Department of Health
Mississippi Department of Mental Health	Wisconsin Department of Health Services
Missouri Department of Mental Health	

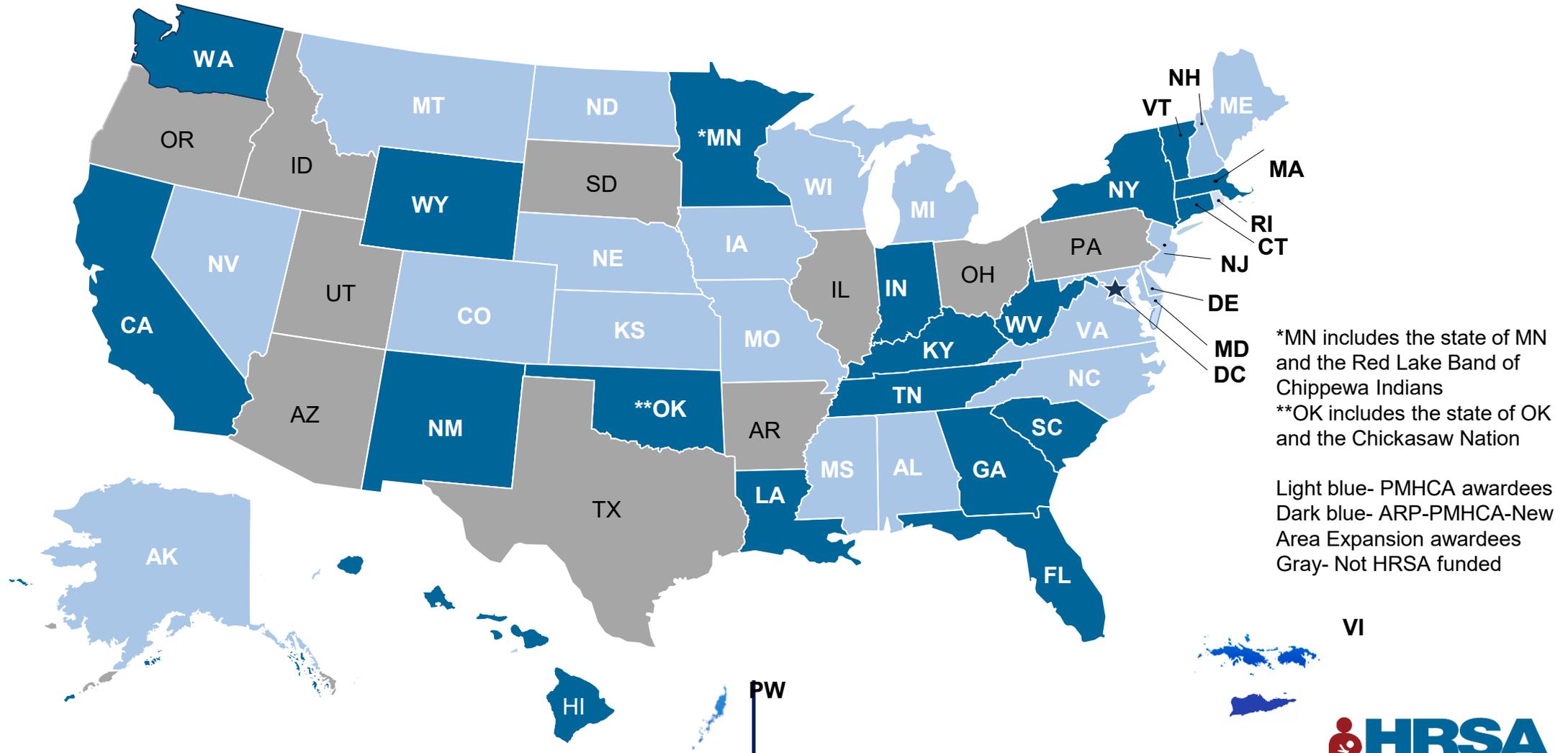


American Rescue Plan Act - Pediatric Mental Health Care Access – New Area Expansion Program Awardees (2021)

Chickasaw Nation	New Mexico Department of Health
Connecticut Department of Children and Families	Oklahoma Department of Mental Health and Substance Abuse Services
Government of District of Columbia	Red Lake Band of Chippewa Indians
Florida Department of Health	Regents of the University of California, San Francisco
Georgia Department of Behavioral Health and Developmental Disabilities	South Carolina Department of Mental Health
Hawaii Department of Health	Tennessee Department of Health
Health Research Inc., NY	The Republic of Palau
Indiana Family and Social Services Administration	Vermont Agency of Human Services
Kentucky Cabinet for Health and Family Services	Virgin Islands Department of Health Group
Louisiana Department of Health	Washington State Department of Health
Massachusetts Department of Public Health	West Virginia Department of Health and Human Resources
Minnesota Department of Health	Wyoming Department of Health



PMHCA Reach 2021 (n=45)



Program Goals

- Increase the availability and accessibility of statewide or regional networks of pediatric mental health care teams composed of child and adolescent psychiatrists, licensed mental health professionals, and care coordinators through telehealth consultation and referral to pediatric primary care providers and other providers caring for children and adolescents with behavioral disorders.
- Conduct training and provide technical assistance to pediatric primary care providers and other providers to enable them to conduct early identification, diagnosis, and treatment for children and adolescents with behavioral disorders.
- Provide information, and assist pediatric and other providers in accessing pediatric mental health care providers, with the overarching goal of providing timely detection, assessment, treatment, and referral of children and adolescents with behavioral disorders through telehealth.



Program Goals- continued

- Improve access through telehealth to treatment and referral services for children and adolescents with identified behavioral disorders, especially those living in rural and other underserved areas.
- Focus on achieving health equity related to racial, ethnic, and geographic disparities in access to behavioral health care, especially in rural and other underserved areas.
- Establish and sustain the use of telehealth technologies, modalities, and care models.

Progress to Date*

- Over 4,500 primary care providers in 21 states enrolled in a statewide or regional PMHCA program.
- Approximately 3,000 tele-consultations were provided and 3,400 enrolled primary care providers received training.
- Approximately 3,000 children and adolescents overall were served by pediatric primary care providers who contacted the pediatric mental health team.
- Approximately 2,000 children and adolescents living in rural and underserved counties were served by pediatric primary care providers who contacted the pediatric mental health team.

* 2020 data on HRSA-required reporting measures



Progress to Date

Based on NCC progress report review (2018 and 2019 cohorts; n=21)

- 100% of awardees documented that they are developing sustainability plans.
- Methods to enhance project sustainability:
 - 3rd party reimbursement
 - Non-federal funds
 - Engagement with stakeholders/advisory council members
 - Continuously applying for additional funding sources
- The majority of PMCHA projects are involving key stakeholders or advisory council members (or both) in the creating and implementation of their sustainability plans.
- Awardees have requested further assistance with developing sustainability plans
 - Sustainability is an on-going topic for all-awardee meetings, peer-to-peer discussions, and evaluation capacity-building webinars

Progress to Date - continued

- PMHCA awardees have established strong partnerships with stakeholders
- Close to 50% of programs are housed within state Title V programs. Of the remaining 50%, over 30% are closely linked or work with state Title V programs.
- States have established partnerships with state Medicaid programs, state departments of health, schools of public health, and insurance companies
 - Supports project sustainability
- Collaboration is occurring with family and self-advocate organizations, FQHCs and CHCs, AAP, APA, and AAFP state chapters, state Primary Care Associations, and other state and federal agencies, e.g. Indian Health Service, Substance Abuse and Mental Health Services Administration, Federal Office of Rural Health Policy
- 95% of states have rolled out their teleconsultation and web-based training programs
- 100% of PMHCA projects are implementing activities to increase access to behavioral health services for PCPs in rural and other underserved areas. PMHCA awardees serve states where there are entire counties or specific Census Tracts within Metropolitan counties that are considered rural
 - States with sizable special populations, e.g., American Indians, Alaska Natives, are implementing training activities for PCPs and behavioral clinicians on how to practice cultural humility when providing care.



HRSA MCHB Evaluation Design

Purpose: to determine the **outcome** and **impact** of the PMHCA and MDRBD cooperative agreement-funded programs on health care providers' capacity to address patients' behavioral health and access to behavioral health care

Theoretical & Conceptual Frameworks

- Access (Penchansky & Thomas, 1981) consists of five dimensions to which Saurman (2016) added a sixth dimension, Awareness.
- Five core principles of collaborative care, developed by the [Advancing Integrated Mental Health Solutions \(AIMS\) Center](#)
- Core principles can be associated with objective features or tasks of service planning and delivery: *Patient-Centered Team Care, Population-Based Care, Measurement-Based Treatment to Target, Evidence-Based Care and Accountable Care*

Dimension	Definition
Accessibility	Location
Availability	Supply and demand
Acceptability	Consumer perception
Affordability	Financial and incidental costs
Adequacy (Accommodation)	Organization
Awareness	Communication and information

Note: Reproduced in part from Saurman (2016)

Penchansky, R., & Thomas, J. W. (1981). The concept of access: Definition and relationship to consumer satisfaction. *Medical Care*, 19(2), 127–140.
Saurman, E. (2016). Improving access: Modifying Penchansky and Thomas's Theory of Access. *Journal of Health Services Research and Policy*, 21(1), 36–29.
Retrieved from <https://doi.org/10.1177%2F1355819615600001>



HRSA MCHB Evaluation

- The evaluation design includes **outcome evaluation** and **impact evaluation** components.
 - The evaluation will make use of the data awardees provide to HRSA as part of their reporting requirements.
- The **outcome evaluation** includes the health care provider (HCP) survey, along with conducting a practice-level survey.



HRSA MCHB Evaluation - continued

- The **impact evaluation** is use of a non-experimental time-series design
- For time-series analyses, the HRSA MCHB evaluation will use:
 - Primary data collection activities (e.g., HCP survey, practice-level survey, program implementation survey/semi-structured interview [SSI])
 - Secondary data sources (e.g., National Survey on Children's Health, National Health Care Surveys, American Community Survey)

Key Evaluation Questions Overview

- **Evaluation Question 1:** What activities did the cooperative agreement-funded programs implement to support providers' capacity to address patients' behavioral health?
- **Evaluation Question 2:** How did health care providers' capacity to address patients' behavioral health change among cooperative agreement-funded programs over time?
- **Evaluation Question 3:** How did health care practices' capacity to address patients' behavioral health change among cooperative agreement-funded programs over time?
- **Evaluation Question 4:** How were cooperative agreement-funded program activities associated with changes over time in access to behavioral health services?

Feedback from PCPs

“The advice has been excellent and extremely helpful. I sincerely appreciate having this as a support. It allows me to continue to manage my patients instead of having to refer them or it has given me more/better options for referral that I was not aware I had.”

“Love this resource. Our patients have to wait months for an open appointment with psychiatry and that is a long time to be suffering with undertreated mental illness. It affects kid's well-being from school, relationships, families, sense of self, and friendships; seeing kids find improvement in their mental health is amazing!”

“Please keep this program. It has been so helpful and very needed.”

“We’ve had patients that we could have called you about, but because we were taught how to do this a few months ago, we were able to manage it ourselves.”

“We are now identifying kids that might have slipped through the cracks, and giving parents resources when they had nowhere else to turn.”



What's Most Helpful?

“The excellent guidance and reassurance that my plan was on track and reinforced my skills; the CAP called back quickly and allowed me to move ahead with my patient’s care.”

“I feel I have backup when prescribing whether bridging a family to a new psychiatrist or starting meds.”

“Clinical expertise provided by a psychiatrist that is not available in medical literature. Being able to ask multiple questions (one generates another) in a timely manner and also plan for “what if” scenarios when the patient returns/follows up. The CAPs explanations were well communicated and concise as well as his email allowing me to call back with follow up questions.”

Why PMHCA is Important

“As a family physician, I am usually the initial contact person for any ailment that my patient has. Prior to CPCP, any pediatric mental health concerns were stressful for me because I didn’t know how to help these families, short of issuing a behavioral health referral. I would have moms crying in my office because their kids were being expelled, grades dropping, thoughts of self-harm, etc. Not only is CPCP supportive of my needs as a practicing community doc, but the providers and staff of this program are so responsive, often emailing me back by the end of the business day. I am given more than enough guidance to care for this vulnerable population until they can establish with psychiatry, from diagnosis, management and treatment tailored for my patient, but also continuing medical education and resources to use in the office. My patients have expressed gratitude to me for helping them until they can see a specialist, and I pass that gratitude on to CPCP. This really should be available nationwide!”

“I believe it saves lives.”



Contact Information

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